

REFUND/CANCELLATION REQUEST

- Use this form to request a refund of your GET account. Only the Account Owner may request a refund.
- **REVIEW THE GET REFUND AND CANCELLATION POLICY BEFORE COMPLETING THIS FORM.**
- If refunding multiple accounts, you must complete a separate form for each account.
- You will be issued a 1099-Q form displaying the principle and earnings portions of your refund. You may need to report this information to the IRS, as any account earnings may be subject to federal income tax and a 10% IRS penalty.
- On information and belief, to avoid IRS taxes and penalties, you can deposit your refund into another qualified 529 plan within 60 days, but **CONSULT WITH A TAX ADVISOR AND IRS PUBLICATION 970 TO UNDERSTAND ANY POTENTIAL TAX IMPLICATIONS.**
- Properly completed forms will be processed in 10-12 weeks (longer if any information is missing or incorrect).

****Program refund penalties and fees, and the two-year wait requirement will be waived for all refund requests received on or before December 15, 2016. Any non-refundable enrollment, late payment, and dishonored payment fees will be deducted from the refund amount.****

| Current Account Information – Tell us which account you would like refunded | |
|---|---|
| Account Number | Account Owner Name |
| Student Beneficiary Name | Account Owner Phone Number |
| Request for Cancellation and Refund – Tell us the amount of your refund request and reason you are requesting a refund | |
| I hereby request a refund of one of the following: <input type="checkbox"/> My entire account <input type="checkbox"/> _____ Units | Reason for refund (Choose only one): <input type="checkbox"/> College Affordability Act: program refund fees and penalties waived through December 15, 2016. <input type="checkbox"/> Disability of Student Beneficiary: include copy of medical documentation. <input type="checkbox"/> Death of Student Beneficiary: include copy of death certificate. <input type="checkbox"/> Scholarship: include copy scholarship award. <input type="checkbox"/> Graduation/Program Completion: include copy of certificate/diploma. |
| Payment Arrangements – Tell us if you have any monthly payment amounts that need to be stopped | |
| <input type="checkbox"/> Inactivate your Automatic Monthly Withdrawal (ACH): GET will stop your ACH for you. We cannot guarantee this will be cancelled in time for the next scheduled withdrawal. | <input type="checkbox"/> Inactivate Payroll Deduction: GET cannot stop your payroll deduction for you. You must submit the Payroll Deduction Authorization Form to your payroll office to inactivate your payroll deduction. |
| Refund Recipient – Tell us who to make refund check payable to: <input type="checkbox"/> Account Owner <input type="checkbox"/> Student Beneficiary | |
| Name | Phone Number(s) |
| Mailing Address | City, State, Zip |
| Account Owner's Signature – Read the terms and conditions, check each box, and sign and date in the presence of a notary | |
| I certify that (read each of the following statements and sign below to signify your understanding and to authorize GET to process this refund): <input checked="" type="checkbox"/> I am the Account Owner of the GET account listed above and understand my other account options, in lieu of a refund; <input checked="" type="checkbox"/> I understand that this refund is non-reversible, and that this refund may or may not be in my best financial interest; <input checked="" type="checkbox"/> I have had sufficient opportunity to seek legal, tax, and financial counsel prior to requesting this refund; <input checked="" type="checkbox"/> I authorize GET to issue the requested refund in the form of a warrant (check) made payable to the person designated above; <input checked="" type="checkbox"/> I understand that a 1099-Q form will be generated and sent to me as a result of this refund, and I may be required to report this information to the IRS, and I may be subject to federal taxes, penalties and fees on the earnings portion (if any) of this refund; and <input checked="" type="checkbox"/> I have read, fully understand and agree to all terms and conditions of the GET Refund and Cancellation Policy, revised 9/2/15. | |
| _____ Account Owner's Signature (Notary must witness signature) | _____ Date |
| Notary Section – A notary must witness your signature and complete the section below. This is required for all refunds. | |
| County of _____ State of _____ | I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Dated _____ _____ (Seal or Stamp) </div> <div style="width: 45%;"> Signature _____ Printed Name _____ Title _____ My Appointment Expires _____ </div> </div> |

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450

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Questions: GETInfo@wsac.wa.gov or 1.800.955.2318